

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning**, and ending****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization****American Association of State
Troopers, Inc.**

Number and street (or P O box if mail is not delivered to street address)

1949 Raymond Diehl Road

Room/suite

City or town, state or country, and ZIP + 4

Tallahassee**FL 32308****D Employer identification number****59-2952895****E Telephone number****850-386-8772****F Accounting method:** ☐ Cash☒ Accrual ☐ Other (specify)• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

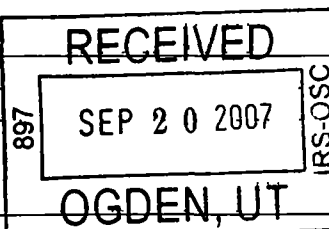
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** ▶**M Check** ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **www.statetroopers.org****J Organization type**(check only one) ▶ ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K Check here** ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization chooses
to file a return, be sure to file a complete return.**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,946,076****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	6,665,254		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 6,665,254 noncash \$)	1e		6,665,254	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3		125,041	
4	Interest on savings and temporary cash investments	4		41,584	
5	Dividends and interest from securities	5			
6a	Gross rents	6a	6,360		
b	Less rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		6,360	
7	Other investment income (describe ▶ See Statement 2)	7		2,033	
8a	Gross amount from sales of assets other than inventory	(A) Securities	104,517	8a	
b	Less cost or other basis and sales expenses		81,620	8b	
c	Gain or (loss) (attach schedule)		22,897	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	22,897
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a	1,287		
b	Less cost of goods sold	10b	9,491		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		-8,204	
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		6,854,965	
13	Program services (from line 44, column (B))	13			
14	Management and general (from line 44, column (C))	14			
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		6,430,523	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		424,442	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,156,985	
20	Other changes in net assets or fund balances (attach explanation)	20		3,924	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,585,351	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)



SCANNED 09/10/2007 162

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule) Stmt 6	24 458,666			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See Statement 7	25a 112,111			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 73,710			
27 Pension plan contributions not included on lines 25a, b, and c	27 6,828			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29 14,110			
30 Professional fundraising fees	30 5,354,401			
31 Accounting fees	31 8,000			
32 Legal fees	32 73,464			
33 Supplies	33 9,058			
34 Telephone	34 9,369			
35 Postage and shipping	35 10,552			
36 Occupancy	36 13,121			
37 Equipment rental and maintenance	37 15,762			
38 Printing and publications	38 7,487			
39 Travel	39 1,692			
40 Conferences, conventions, and meetings	40 51,648			
41 Interest	41 5,539			
42 Depreciation, depletion, etc. (attach schedule)	42 21,378			
43 Other expenses not covered above (itemize) a See Statement 8	43a 183,627			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 6,430,523	0	0	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► Providing Services to Members - See Below

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a Providing Educational Materials to Sponsors

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b Provided Life Insurance Benefits to All Members

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c Paid Member Retirement Benefits

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d Financial Assistance for Hardships

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

6,430,523

6,430,523

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash-non-interest-bearing		121,315	45	713,777
	46	Savings and temporary cash investments		792,300	46	631,899
	47a	Accounts receivable	47a 869			
	b	Less allowance for doubtful accounts	47b	14,293	47c	869
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		3,322	52	3,322
	53	Prepaid expenses and deferred charges		3,685	53	3,722
	54a	Investments—publicly-traded securities See Statement 9	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	515,242	54a	437,545
	b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments—land, buildings, and equipment: basis	55a				
b	Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment: basis	57a 510,254				
b	Less accumulated depreciation (attach schedule) See Statement 10	57b 154,597	344,236	57c	355,657	
58	Other assets, including program-related investments (describe See Statement 11)		2,748	58	2,221	
59	Total assets (must equal line 74) Add lines 45 through 58		1,797,141	59	2,149,012	
Liabilities	60	Accounts payable and accrued expenses		6,417	60	22,563
	61	Grants payable			61	
	62	Deferred revenue See Statement 12		129,186	62	112,159
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule) See Worksheet		103,915	64b	89,601
	65	Other liabilities (describe See Statement 13)		400,638	65	339,338
66	Total liabilities. Add lines 60 through 65		640,156	66	563,661	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		1,156,985	67	1,585,351
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72) (Column (A) must equal line 19 and column (B) must equal line 21)		1,156,985	73	1,585,351
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,797,141	74	2,149,012

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions:		Part I	
a	Total revenue, gains, and other support per audited financial statements	a	6,858,889
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	3,924
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	3,924
c	Subtract line b from line a	c	6,854,965
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify)	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	6,854,965

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	6,430,523
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	6,430,523
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	6,430,523

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 33

▶ 33

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b	X
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c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c	X
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If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d	X
-----	---

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Part VI Other Information (See the instructions.)

Yes	No
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76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76		X
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77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes

77		X
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78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a		X
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b If "Yes," has it filed a tax return on **Form 990-T** for this year?

78b		
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79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79		X
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80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?

80a	X	
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b If "Yes," enter the name of the organization

AAST Scholarship Foundation, Inc.

and check whether it is ☒ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)

81a

b Did the organization file **Form 1120-POL** for this year?

81b		X
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Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b		
84a Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c Dues, assessments, and similar amounts from members		
85c		
d Section 162(e) lobbying and political expenditures		
85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h		
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86a		
b Gross receipts, included on line 12, for public use of club facilities		
86b		
87 501(c)(12) orgs Enter a Gross income from members or shareholders		
87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b		
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 a , section 4912 b , section 4955 c		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter Amount of tax on line 89c, above, reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e		
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g		
90a List the states with which a copy of this return is filed a See Statement 15		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	3
91a The books are in care of a Ken Howes 1949 Raymond Diehl Road Located at b Tallahassee, FL	Telephone no a 850-386-8772	
	ZIP + 4 a 32308	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					125,041
95 Interest on savings and temporary cash investments			14	41,584	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	6,360	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	2,033	
100 Gain or (loss) from sales of assets other than inventory			26	22,897	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	452000	-8,204			
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-8,204		72,874	125,041
105 Total (add line 104, columns (B), (D), and (E))					189,711

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Provide a means for state troopers to associate with other state troopers for the enhancement of public safety in their field.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

No

X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; justify-content: space-between;"> <div> <p>Signature of officer: <u>Thomas E. Moore</u></p> <p>Type or print name and title: <u>President</u></p> </div> <div> <p>Date: <u>9/12/07</u></p> </div> </div>			
Paid Preparer's Use Only	Preparer's signature: <u>Mark A. Ryan</u>	Date: <u>9-11-07</u>	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X): <u>P00233600</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>Sanders, Sanders & Holloway, P.A.</u> <u>250 E 6th Ave</u> <u>Tallahassee, FL 32303-6208</u>		EIN: <u>59-1974251</u>	Phone no: <u>850-222-1608</u>

Mortgages and Other Notes PayableForms
990 / 990-PF**2006**

For calendar year 2006, or tax year beginning

, and ending

Name

**American Association of State
Troopers, Inc.**

Employer Identification Number

59-2952895**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) Amsouth Bank	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 180,084	11/01/01	11/01/11	\$1,128/month including P&I	6.750
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Real Estate	Mortgage
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	103,915	89,601
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	103,915	89,601

59-2952895

Federal Statements

FYE: 12/31/2006

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Member Dues	\$ 125,041
Total	<u>\$ 125,041</u>

Statement 2 - Form 990, Part I, Line 7 - Other Investment Income

<u>Description</u>	<u>Amount</u>
Royalties	\$ 2,033
Total	<u>\$ 2,033</u>

Federal Statements

9/10/2007

Statement 3 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Publicly Traded Securities						\$ 104,517	\$ 81,620	\$	\$ 22,897
Total						\$ 104,517	\$ 81,620	0	\$ 22,897

59-2952895

Federal Statements

FYE: 12/31/2006

Statement 4 - Form 990, Line 10c - Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
Sale of Inventory	\$ 1,287	\$ 9,491	\$ -8,204
Total	\$ 1,287	\$ 9,491	\$ -8,204

Statement 5 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Net Unrealized Gains on Investments	\$ 3,924
Total	\$ 3,924

Federal Statements**Statement 6 - Form 990, Part II, Line 24 - Benefits Paid to or for Members**

<u>Description</u>	<u>Amount</u>
Life Insurance	\$ 448,866
Financial Assistance for Hardships	9,800
Total	<u>\$ 458,666</u>

Federal Statements

9/10/2007

Statement 7 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation	112,111		
Total	\$ 112,111	\$ 0	\$ 0

Federal Statements**Statement 8 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
Consulting Fees	81,902			
Banking & Misc.	2,922			
Dues & Subscriptions	790			
Employee Training	1,896			
Filing Fees	4,963			
Human Resources	2,199			
Insurance	12,311			
Public Relations	15,912			
Taxes	11,474			
State Lodge Support	33,384			
Police Memorial	15,000			
Amortization	874			
Total	\$ 183,627	\$ 0	\$ 0	\$ 0

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Federal Statements

FYE: 12/31/2006

Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government	\$ 422,801	\$ 437,545	
Corporate Stock	92,441		
Corporate Bonds			
Total	<u>\$ 515,242</u>	<u>\$ 437,545</u>	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Office Furniture	\$ 16,959	\$ 13,560	\$ 16,959	\$ 14,312
Building	341,025	100,928	359,819	111,840
Office Equipment	5,908	3,742	13,817	4,422
Computers	16,412	5,636	22,507	9,438
Computer Software	17,152	9,354	17,152	14,585
Land	80,000		80,000	
Total	<u>\$ 477,456</u>	<u>\$ 133,220</u>	<u>\$ 510,254</u>	<u>\$ 154,597</u>

Statement 11 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Loan Cost-Net	\$ 2,748	\$ 2,221
Total	<u>\$ 2,748</u>	<u>\$ 2,221</u>

Statement 12 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Dues	\$ 129,186	\$ 112,159
Total	<u>\$ 129,186</u>	<u>\$ 112,159</u>

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Federal Statements

FYE: 12/31/2006

Statement 13 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Member Retirement Payable	\$ 400,638	\$ 339,338
Total	<u>\$ 400,638</u>	<u>\$ 339,338</u>

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59-2952895
FYE: 12/31/2006

Federal Statements

9/10/2007

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Tommy Moore 11355 Eva Lane Tallahassee FL 32317	President	0	12,000	0	0
David L. Witt 14605 Rock Creek Rd. Sheridan OR 97378	1st Vice Pre	0	0	0	0
Keith Barbier 22322 Rangeview Drive Katy TX 77450	2nd Vice Pre	0	0	0	0
Claude Johnson PO Box 388 Ellendale TN 38029	3rd Vice Pre	0	0	0	0
Jeff Lane 435 Canterbury Drive Halifax VA 24558	Secretary	0	0	0	0
James Johnson 2950 Spring Chase Lane Marianna FL 32446	Treasurer	0	0	0	0
Wayne York 43906 Jerico Lane Pendleton OR 97801	Immediate Pa	0	0	0	0
Robert F. Yoakum 1194 Highway 54 East Covington TN 38019	TN State Dir	0	0	0	0
Odie Hitt PO Box 696 Gilmer TX 75644	TX State Dir	0	0	0	0

Federal Statements

9/10/2007

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Jason Kelsey 443 W Edinburgh Lane Herber City UT 84032	UT State Dir	0	0	0	0
James E Clare 207 Biltmore Dr Colonial Heights VA 23834	VA State Dir	0	0	0	0
Steven Stockwell PO Box 281 Shelton WA 98584	WA State Dir	0	0	0	0
R.D. Estepp 519 Range Rd. Beckley WV 25801	WV State Dir	0	0	0	0
Al Pasini 24 Carriage Drive Crawfordville FL 32327	Executive Di	0	100,111	0	0
Chuck Cave 3157 Pine Orchard Lane #402 Ellicot City MD 21042	MD State Dir	0	0	0	0
Bobb G. Reed PO Box 294 Walls MS 38680	MS State Dir	0	0	0	0
Michael Doney 22000 Doney Drive Watertown NY 13601	NY State Dir	0	0	0	0
Ron Kolle 943 Sheyenne Park Place West Fargo ND 58078	ND State Dir	0	0	0	0

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59-2952895
FYE: 12/31/2006

Federal Statements

9/10/2007

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Gerry Gregg 10910 SW Arthur Court Wilsonville OR 97070	OR State Dir	0	0	0	0
Frank Thomas 1208 S Brady Street Dubois PA 15801	PA State Dir	0	0	0	0
Bryan McDougald 3470 Victorian Hill Drive Richburg SC 29729	SC State Dir	0	0	0	0
Clarence M. Blue III PO Box 925 Union Springs AL 36087	AL State Dir	0	0	0	0
Michael Bonin 9015 W. Sandra Terrace Peoria AZ 85382	AZ State Dir	0	0	0	0
John Bagnardi 2633 Stonegate Drive Tallahassee FL 32308	FL State Dir	0	0	0	0
Lee Burch 180 Williams Road Rockmart GA 30153	GA State Dir	0	0	0	0
Paul Summers 4399 E Sundance Circle Idaho Falls ID 83406	ID State Dir	0	0	0	0
Jim Loveland 5 College Circle Mason City IA 50401	IA State Dir	0	0	0	0

Federal Statements

9/10/2007

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Steven Jensen 14425 S Blackfeather Olathe KS 66062	KS State Dir	0	0	0	0
Michelle King 13012 Rebecca Dr Walker LA 70785	LA State Dir	0	0	0	0
Gordon Koolman 621 Moss Ave Paso Robles CA 93446	CA State Dir	0	0	0	0
Carolyn Logan 7216 Tall Tree Lane Charlotte NC 28214	NC State Dir	0	0	0	0
Peter Warren 1575 Kettletown Rd Southbury CT 06488	CT State Dir	0	0	0	0
Chris Ricks 328 Old Gibley Rd Jefferson City MO 65109	MO State Dir	0	0	0	0
Tim Baughman 2455 Brian Lane Bosque Farms NM 87068	NM State Dir	0	0	0	0

59-2952895

Federal Statements

FYE: 12/31/2006

Statement 15 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.

**Postal
Code**

AL
FL
GA
OR
WV
TN
TX
VA
WA
MD
MS
NV
NY
ND
OK
PA
SC
AZ
LA
MI
CA
ID
IA

Form **4562**
Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2006Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **American Association of State Troopers, Inc.**Identifying number
59-2952895

Business or activity to which this form relates

Form 990 Association**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	19,357
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		6,095	5.0	HY	S/L	810
c 7-year property		10,962	7.0	HY	S/L	360
d 10-year property		15,741	10.0	HY	S/L	851
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	21,378
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes		No		24b If "Yes," is the evidence written?				Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction		(i) Elected section 179 cost					
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)										25					
26 Property used more than 50% in a qualified business use															
		%													
		%													
27 Property used 50% or less in a qualified business use															
		%					S/L-								
		%					S/L-								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1										28					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1												29			

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year					43
					874
44 Total. Add amounts in column (f). See the instructions for where to report					44
					874

Book Asset Detail 1/01/06 - 12/31/06

FYE: 12/31/2006

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Building and Improvements											
297	Building	6/23/93	302,132.77	0.00	0.00	97,160.18	7,746.99	104,907.17	197,225.60	S/L	39.0
298	Roof Replacement	12/21/00	9,220.00	0.00	0.00	1,475.70	292.70	1,768.40	7,451.60	S/L	31.5
299	AC Compressor	1/01/01	2,564.00	0.00	0.00	260.22	65.74	325.96	2,238.04	S/L	39.0
300	Remodelling	6/01/02	13,962.98	0.00	0.00	1,268.02	358.03	1,626.05	12,336.93	S/L	39.0
306	Install Lighting Fixtures	1/27/04	1,333.00	0.00	0.00	364.99	190.43	555.42	777.58	S/L	7.0
307	2 Ton Air Conditioner	4/20/04	1,480.00	0.00	0.00	63.25	37.95	101.20	1,378.80	S/L	39.0
308	Columns	6/07/04	2,375.00	0.00	0.00	96.42	60.90	157.32	2,217.68	S/L	39.0
314	Heat pump (downstairs)	10/28/05	3,746.00	0.00	0.00	89.19	535.14	624.33	3,121.67	S/L	7.0
315	Carpet	10/14/05	4,210.94	0.00	0.00	150.39	601.56	751.95	3,458.99	S/L	7.0
316	Windows (24)	5/17/06	14,400.46	0.00c	0.00	0.00	840.03	840.03	13,560.43	S/L	10.0
317	Carpeting	6/02/06	725.72	0.00c	0.00	0.00	60.48	60.48	665.24	S/L	7.0
318	Heat pump (upstairs)	8/17/06	2,328.00	0.00c	0.00	0.00	110.86	110.86	2,217.14	S/L	7.0
319	Blinds (15)	11/17/06	1,340.04	0.00c	0.00	0.00	11.17	11.17	1,328.87	S/L	10.0
Building and Improvements			359,818.91	0.00c	0.00	100,928.36	10,911.98	111,840.34	247,978.57		
Group: Computer Equipment											
260	Epson Scanner	11/15/00	318.95	0.00	0.00	318.95	0.00	318.95	0.00	S/L	5.0
263	Laptop Computer	2/26/01	2,266.28	0.00	0.00	2,039.67	226.61	2,266.28	0.00	S/L	5.0
276	Laptop Computer/Monitor	10/13/03	4,384.29	0.00	0.00	1,972.93	876.86	2,849.79	1,534.50	S/L	5.0
305	2 Computers	9/01/04	4,590.25	0.00	0.00	1,224.07	918.05	2,142.12	2,448.13	S/L	5.0
312	Computer	12/14/05	1,884.46	0.00	0.00	31.41	376.89	408.30	1,476.16	S/L	5.0
313	Computer	12/14/05	2,967.37	0.00	0.00	49.46	593.47	642.93	2,324.44	S/L	5.0
321	Dell server	3/08/06	4,033.16	0.00c	0.00	0.00	672.19	672.19	3,360.97	S/L	5.0
322	Dell laptop	8/24/06	2,062.20	0.00c	0.00	0.00	137.48	137.48	1,924.72	S/L	5.0
Computer Equipment			22,506.96	0.00c	0.00	5,636.49	3,801.55	9,438.04	13,068.92		
Group: Land											
301	Land	6/23/93	80,000.00	0.00	0.00	0.00	0.00	0.00	80,000.00	Land	0.0
Land			80,000.00	0.00c	0.00	0.00	0.00	0.00	80,000.00		
Group: Office Equipment											
142	2 File Cabinets	8/18/93	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	7.0
144	TV/VCR Combo	12/31/93	433.34	0.00	0.00	433.34	0.00	433.34	0.00	S/L	5.0
145	Refrigerator GE	5/13/94	175.00	0.00	0.00	175.00	0.00	175.00	0.00	S/L	5.0
161	Lateral File Cabinet	2/03/00	641.99	0.00	0.00	556.05	57.29	613.34	28.65	200DB	7.0
165	Custom Flags/Banner	4/08/02	262.00	0.00	0.00	204.71	16.37	221.08	40.92	200DB	7.0
166	12 White Linen Tablecloths	4/17/02	524.20	0.00	0.00	409.58	32.75	442.33	81.87	200DB	7.0
171	Color Laser Printer	6/10/03	1,399.99	0.00	0.00	1,093.88	87.46	1,181.34	218.65	200DB	7.0
172	Digital Camera	11/06/03	321.43	0.00	0.00	271.15	20.08	291.23	50.20	200DB	7.0
304	XGA Projector	6/30/04	1,949.99	0.00	0.00	417.86	278.57	696.43	1,253.56	S/L	7.0
320	Telephone system	10/18/06	7,908.50	0.00c	0.00	0.00	188.30	188.30	7,720.20	S/L	7.0

Book Asset Detail 1/01/06 - 12/31/06

FYE: 12/31/2006

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sai Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
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Group: Office Equipment (continued)

Office Equipment											
			13,816.44	0.00c	0.00	3,741.57	680.82	4,422.39	9,394.05		
Group: Office Furniture											
26	4 Drawer Lateral File - TN	9/04/91	299.00	0.00	0.00	299.00	0.00	299.00	0.00	S/L	10.0
34	File Cabinets	10/08/91	610.00	0.00	0.00	610.00	0.00	610.00	0.00	S/L	10.0
51	(2) Putty File Cabinets	6/18/92	960.86	0.00	0.00	960.86	0.00	960.86	0.00	S/L	10.0
57	File Cab4 Dr	2/01/93	144.16	0.00	0.00	144.16	0.00	144.16	0.00	S/L	7.0
63	36" Bookcase	8/01/93	152.64	0.00	0.00	152.64	0.00	152.64	0.00	S/L	7.0
69	4 DR File Cabinet	10/18/93	101.64	0.00	0.00	101.64	0.00	101.64	0.00	S/L	7.0
71	Dresser BRD Room	11/05/93	253.34	0.00	0.00	253.34	0.00	253.34	0.00	S/L	7.0
93	Lateral File Cabinet	11/02/94	544.63	0.00	0.00	544.63	0.00	544.63	0.00	S/L	7.0
96	4 DR Filing Cabinet	1/01/95	127.19	0.00	0.00	127.19	0.00	127.19	0.00	S/L	7.0
97	Storage Cabinet	2/24/95	213.99	0.00	0.00	213.99	0.00	213.99	0.00	S/L	7.0
106	Cabinets in Copy Rm	3/26/96	2,974.60	0.00	0.00	2,974.60	0.00	2,974.60	0.00	S/L	7.0
113	2 Lateral File Cabinet	12/03/96	1,159.09	0.00	0.00	1,159.09	0.00	1,159.09	0.00	S/L	7.0
116	Lateral File Cabinet-Membership	1/27/97	192.59	0.00	0.00	192.59	0.00	192.59	0.00	S/L	7.0
127	35 Chairs	4/26/02	1,497.63	0.00	0.00	1,170.16	93.56	1,263.72	233.91	200DB	7.0
128	Fire Safe	8/23/02	1,116.45	0.00	0.00	872.33	69.75	942.08	174.37	200DB	7.0
130	Office Furniture	3/01/03	331.71	0.00	0.00	230.17	29.01	259.18	72.53	200DB	7.0
133	3 Conference Table Chairs	10/13/03	322.47	0.00	0.00	251.96	20.15	272.11	50.36	200DB	7.0
134	Conference Table Chair	11/06/03	108.49	0.00	0.00	84.77	6.78	91.55	16.94	200DB	7.0
137	Executive Director Desk Unit	11/06/03	1,021.01	0.00	0.00	797.76	63.79	861.55	159.46	200DB	7.0
138	Executive Director Office	12/01/03	714.81	0.00	0.00	558.52	44.65	603.17	111.64	200DB	7.0
139	Executive Director Office	12/03/03	212.57	0.00	0.00	166.09	13.28	179.37	33.20	200DB	7.0
140	Office Furniture	12/03/03	1,393.43	0.00	0.00	1,088.74	87.05	1,175.79	217.64	200DB	7.0
141	Conference Table	12/22/03	425.85	0.00	0.00	332.74	26.60	359.34	66.51	200DB	7.0
311	Reception furniture	2/01/05	2,081.20	0.00	0.00	272.54	297.31	569.85	1,511.35	S/L	7.0
Office Furniture			16,959.35	0.00c	0.00	13,559.51	751.93	14,311.44	2,647.91		

Group: Software

296	Website Development	3/01/03	1,750.00	0.00	0.00	1,652.77	97.23	1,750.00	0.00	S/L	3.0
309	Peachtree Software	7/01/04	414.85	0.00	0.00	207.42	138.28	345.70	69.15	S/L	3.0
310	Website Development	7/01/04	14,987.46	0.00	0.00	7,493.73	4,995.82	12,489.55	2,497.91	S/L	3.0
Software			17,152.31	0.00c	0.00	9,353.92	5,231.33	14,585.25	2,567.06		
Grand Total			510,253.97	0.00c	0.00	133,219.85	21,377.61	154,597.46	355,656.51		

Book Current Year Additions

FYE 12/31/2006

Asset	Property Description	Date In Service	Book Cost
<u>Group: Building and Improvements</u>			
316	Windows (24)	5/17/06	14,400.46
317	Carpeting	6/02/06	725.72
318	Heat pump (upstairs)	8/17/06	2,328.00
319	Blinds (15)	11/17/06	1,340.04
	Building and Improvements		<u>18,794.22</u>
<u>Group: Computer Equipment</u>			
321	Dell server	3/08/06	4,033.16
322	Dell laptop	8/24/06	2,062.20
	Computer Equipment		<u>6,095.36</u>
<u>Group: Office Equipment</u>			
320	Telephone system	10/18/06	7,908.50
	Office Equipment		<u>7,908.50</u>
	Grand Total		<u>32,798.08</u>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization American Association of State Troopers, Inc.	Employer identification number 59-2952895
	Number, street, and room or suite no. If a P.O. box, see instructions 1949 Raymond Diehl Road	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Tallahassee FL 32308	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **Ken Howes**

Telephone No. **850-386-8772**

FAX No. **850-385-8697**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/07**

5 For calendar year **2006**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name Sanders, Sanders & Holloway, P.A.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 250 E 6th Ave
	City or town, province or state, and country (including postal or ZIP code) Tallahassee FL 32303-6208